

**PENNSYLVANIA TOBACCO SETTLEMENT AGREEMENT ACT
2000 CERTIFICATE OF COMPLIANCE**

Section 1: Company Information

1. Name: _____
 2. Street Address: _____
 3. City, State, Country, ZIP: _____
 4. Telephone Number: _____ 5. Fax Number: _____
 6. Electronic Mail Address: _____
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Section 2: Sales Information for the Year 2000 (June 22, 2000 – December 31, 2000)

7. Units Sold In Pennsylvania: _____
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Section 3: Escrow Information

8. Name of Financial Institution: _____
9. Address of Financial Institution: _____

10. Telephone Number: _____ 11. Fax Number: _____
12. Account Number: _____
13. Amount Deposited: _____

The following rates shall be used to calculate deposit amounts for each cigarette sold in Pennsylvania:

From June 22, 2000 to December 31, 2000.....\$.0111506

14. Have you attached a copy of a bank statement verifying the amount shown in line 13? ____
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Section 4: Certification

Under penalties of perjury, the undersigned authorized agent of the company states that the company named above is in compliance with the Pennsylvania Tobacco Settlement Agreement Act and that all information contained herein is true and accurate.

Signature, Authorized Agent

Date

Printed or Typed Name

Title

This completed form must be filed with the *Office of Attorney General, Tobacco Enforcement Section, 15th Floor, Strawberry Square, Harrisburg, PA 17120*. It must be postmarked no later than April 15, 2001.

TES-001-12/00